

IRA Distribution Request

IMPORTANT INFORMATION

Use this form to request a distribution from your PENSCO Traditional IRA, SEP IRA, SIMPLE IRA, or Roth IRA. You also may elect to liquidate shares or re-register assets. This form is not intended for beneficiary or inherited accounts, with the exception of spousal assumption. Refer to the Instructions, Definitions & General Information section for more information. For assistance with completing this form, please email clients@pensco.com, or call **800-962-4238**. Please type or print. Upon completion, please return this form to PENSCO (see page 5).

1. Account Owner Information

*Account Owner Name (first, mi, last)

*Social Security No.

*Account No.

*Date of Birth

*Mailing Address

*City

*State

*Country

*Zip Code

Email Address

Primary Phone

Check if the above is a new: Mailing Address Daytime Phone No. Email Address

An **original Medallion Signature Guarantee (page 5)** is required if you have indicated above that you are changing your mailing address.

2. Reason for Distribution

Choose one:

Traditional/SEP/SIMPLE IRA

Normal distribution (if you are age 59 ½ or older). This could include withdrawing Required Minimum Distributions (RMDs).

Premature distribution (if you are younger than age 59 ½).

Permanent disability (if you are younger than age 59 ½).

Substantially equal payments. Requires Certification of Substantially Equal Periodic Payments and Hold Harmless Statement.

SIMPLE (funds have been in my account for two years or more, *and* I am older than 59 ½).

Direct rollover to a non-IRA qualified plan (must complete Section 8).

Distribution of RMD to qualifying charity (see Section 7)

Roth IRA

Qualified distribution (if you are younger than age 59 ½).

Qualified distribution (if you are older than age 59 ½ and an exception applies).

Non-qualified distribution (if you are younger than age 59 ½).

Non-qualified distribution (if you are older than age 59 ½, or exception applies, including substantially equal payments).

Note: If no option is checked, premature or normal distribution will be chosen based on your age on file with PENSCO. Roth accounts will default to non-qualified distribution.

* Indicates required fields.

3. Required Minimum Distributions (RMDs)

Fill out this section if you are older than 70 ½ and would like PENSICO to calculate your RMD. The Uniform Lifetime Table is used to calculate RMDs for most account owners. If the questions below are left blank, PENSICO will use the Uniform Lifetime Table to calculate your RMD. Please see Section 3 of the instructions for more details regarding which table applies to your individual calculation.

1. Is your spouse the sole primary beneficiary of your account? Yes No

• If "Yes," provide your spouse's date of birth: ____/____/____ (mm/dd/yyyy)

2. Is your beneficiary a "qualifying trust"? Yes No

• If "Yes," please attach a Trust Certification form.

4. Distribution Types

Please complete only one option per section. If you prefer to receive a partial distribution and establish a scheduled distribution, select one option under both sections A and B. **Note:** Your account may be subject to a minimum cash and liquid asset balance requirement.

A. Partial Distribution

This is a one-time payment — the account will remain open. Please distribute the:

- Current cash balance.
- Gross amount: \$ _____.
- Specific assets by liquidation or reregistration (see "Asset Distribution Instructions" on the next page).
- Current year RMD immediately upon receipt.
- Deferred RMD for tax year 20____ immediately upon receipt.

B. Systematic (Scheduled) Distributions

Only available for cash distributions. If withdrawal needs to be arranged with an investment sponsor, please refer to "Asset Distribution Instructions."

Is this a change to an existing scheduled distribution? Yes No

1. Please distribute amount as:

- Regular distributions of my cash balance.
- Regular distributions of my RMD.
- Regular distributions of gross amount \$ _____.

Note: If this total amount is not available on the designated distribution date, but the available cash balance is at least 90% of the requested amount, the scheduled distribution will be fulfilled with all available cash.

2. Specify payment schedule:

Frequency: Monthly Quarterly Semi-Annually Annually

Payments should begin on: ____/____/____ (mm/dd/yyyy — cannot be the 29th, 30th, or 31st of the month.)

Note: If no selection is made, the payment schedule will begin immediately.

C. Total Distribution

Please **close my account** and distribute all cash and assets (based on my directions in "Asset Distribution Instructions").

Note: If an asset is not specified, it will be distributed "in-kind." If you request liquidation of an asset that PENSICO cannot facilitate, we may return the paperwork to you and no action will be taken on the request.

5. Tax Withholding (REQUIRED)

Please refer to the "Notice of Withholding on Distributions or Withdrawals from IRAs" in **Section 5** of the instructions. If no option is checked, or a physical U.S. address is not provided, we will withhold 10% for federal withholding and withhold for state taxes according to your state of residence guidelines (see the IRA State Tax Withholding Notice on page 8).

Federal Tax Withholding

- Withhold _____% from my requested distribution (must be at least 10%).
- I elect not to have federal income tax withheld. (If you choose this option you MUST provide PENSCO with your physical U.S. address.)

Physical Address City State ZIP Code

State Tax Withholding

My state of residence for income tax purposes is _____. (If no state is provided, PENSCO will use the state listed on your account).

- I elect not to have state income tax withheld from my distribution.
- Withhold state income tax from my distribution in accordance with the minimum percentage, if any, as noted on the attached IRA State Tax Withholding Notice.
- Withhold _____% from my distribution.

6. Asset Distribution Instructions

Please indicate your selection by checking one or multiple boxes below. Additional documentation may be attached as necessary.

- Sufficient cash exists in my account to meet this distribution request.
- A liquidation is in process and funds will be available in the account within 10 days of receipt. I understand on a partial and total distribution request that if the requested amount is not available within 10 days, then my request may be cancelled.
- Liquidations:** I authorize PENSCO to liquidate the following asset(s) and have elected below whether liquidation is to be based on "No. of Shares" or "Dollar Amount." (Note: PENSCO can only liquidate Mutual Funds, Certificates of Deposit and Annuities. You will need to contact your financial representative or the asset sponsor for instructions to liquidate all other types of assets).

<input type="checkbox"/> No. of Shares or <input type="checkbox"/> Dollar Amount	Asset ID	Asset Description	Systematic Withdrawal*

*Systematic Withdrawal will be established to coincide with the payment schedule selected or as allowed by the asset company. RMD amounts based on life expectancy will vary from year to year. It is the account owner's responsibility to notify PENSCO if changes to systematic withdrawal amounts are needed.

- Reregistrations:** I authorize PENSCO to reregister the following asset(s) and have elected below whether reregistration is to be based on "Number of Shares" or "Dollar Amount." (**Note:** Additional paperwork with original signature and original Medallion Signature Guarantee may be required from the Asset Sponsor when taking a distribution of an asset in-kind. If you are registering Real Estate, we require a certified appraisal dated within the previous 6 months).
- Reregister the asset(s) listed below to me personally.
- Reregister the asset(s) listed below to my personal account at the Institution listed in **Section 7**. (**Note:** If you have an existing personal account, please include a copy of your account statement. If you do not have an existing personal account, please include a completed application from the institution to whom your assets are being reregistered. Failure to attach documentation may result in a processing delay or paperwork being returned to you).

<input type="checkbox"/> No. of Shares or <input type="checkbox"/> Dollar Amount	Asset ID	Asset Description

7. Delivery Method

For cash payments, select one of the options below and fill in the requested information. If no selection is made, a check will be sent to your mailing address of record via regular mail by default.

A. Check

Choose a mail delivery method: Overnight Delivery (fee outlined in your pricing schedule) Regular U.S. Mail

Mail a check to:

- My mailing address of record.
- To the alternate address listed in Section 1, payable to me. **An original Medallion Signature Guarantee is required — faxed documents will not be accepted.**
- My personal non-retirement account at the institution listed below. You must provide a copy of your account statement. (Failure to attach the requested document will result in PENSCO mailing to the address of record).
- Charity listed below. (Provide the charity name and Tax ID No. below. Failure to provide this information may result in a processing delay). **An original Medallion Signature Guarantee is required — faxed documents will not be accepted.**

Institution/Charity Name

Institution Account No./Charity Tax ID No.

Street Address

City

State

ZIP Code

B. Electronic Funds Transfer

An original Medallion Signature Guarantee must be provided if these instructions are new — faxed documents will not be accepted.

Please choose payment option: Wire ACH

Financial Institution Name

ABA No.

Account Name

Account No.

Sub Account Name (wires only)

Sub Account No. (wires only)

Account Type: Checking Savings

Phone No.

Please attach a pre-printed voided check below to avoid delays. If the required document is provided but no payment option chosen, we will send your distribution via overnight check by default. Overnight delivery fees may apply.

A pre-printed voided check is required and must be placed here.

Note: EFT instructions can only include a personal or joint account of the Account Owner. If you do not have a personal or joint account, please request this distribution to be sent via check to the address of record for the Account Owner. **For Savings Accounts:** Please provide a pre-printed deposit slip. **Failure to attach the requested document will result in PENSCO mailing a check to the address listed in Section 1.**

8. Direct Rollover to Non-IRA Retirement Plan

Select the receiving account type below to send cash and asset(s) listed specified in **Section 6** to a non-IRA retirement plan. This form can only be used to rollover cash and assets to a non-IRA retirement plan. If you want to transfer cash or assets to an IRA with another custodian, please complete transfer paperwork of your receiving IRA custodian. You do not need to complete PENSCO's IRA Distribution Request form.

Receiving Account Type: Money Purchase Plan Profit Sharing Plan 401(k) 403(b)(7) 457 Other: _____

Note: A successor Trustee/Custodian acceptance signature or acceptance letter is required. If not provided, this form will be returned and no action taken.

Receiving Firm Name

Receiving Firm Acct. No.

Receiving Firm Mailing Address

City

State

ZIP code

Phone No.

Receiving Trustee/Custodian Acceptance Signature (required)

Name

Title

**For asset re-registrations, please also provide:*

Tax ID No.

DTC No.

9. Agreement & Signature

I hereby acknowledge that I have read, understand and agree to all of the provisions that are provided in the instructions for this IRA Distribution Request form and, if applicable, the Terms and Conditions of ACH Authorization. I understand that the requested distribution(s) will be subject to fees and that all applicable fees will be deducted from available cash prior to sending payment. If cash is insufficient to cover my distribution and fees, I understand this form may be returned to me and no action taken.

Account Owner Signature

Date

An original Medallion Signature Guarantee is required when:

- Establishing/changing bank information
- Changing address of record
- Check is being sent to an address other than the address of record

ALL DOCUMENTS WITH MEDALLION SIGNATURE GUARANTEE STAMPS MUST BE MAILED TO PENSCO AND WILL NOT BE ACCEPTED VIA FAX, EMAIL OR DOCUMENT UPLOAD.

[MEDALLION GUARANTEE STAMP HERE]

Signer Name (PRINTED): _____

Signer Phone No.: _____

Upload online at:
www.pensco.com/upload

Fax to: 303-614-7096

Regular Mail:
PENSCO
P.O. Box 173859
Denver, CO 80217-3859

Express Deliveries:
PENSCO
1560 Broadway, Suite 400
Denver, CO 80202-3331

Questions?
Call 800-962-4238
clients@pensco.com

INSTRUCTIONS, DEFINITIONS & GENERAL INFORMATION

Distributions are reported to the Internal Revenue Service on Form 1099-R. You should consult your tax advisor or IRS Publication 590 concerning your distribution elections. Use this form for all IRA distributions and Required Minimum Distributions. Do not use this form to request a recharacterization of an IRA contribution, a Roth Conversion, a distribution of a death benefit, a return of excess contribution or if you are the beneficiary of an account. Other forms are required for these requests.

1. Account Information

If information does not match PENSICO Trust Company's records or is left blank, the form may be returned to you with an explanation regarding the discrepancy or for completion.

2. Reason for Distribution

A. Premature: You are younger than 59 ½ years of age (your distribution may be subject to a 10% federal excise tax). If you are taking substantially equal payments, it is your responsibility to determine the annual amount and that it qualifies under IRC section 72(t)(2)(A)(iv).

If you qualify for one of the following exceptions: substantially equal payments, medical expenses, education expenses, first time home purchase, or health insurance premiums for unemployed individuals, please consult your tax advisor regarding the completion of IRS Form 5329.

B. Normal: You are older than 59 ½ years of age.

C. Disability: You are younger than 59 ½ years of age and your disability meets the requirements as defined in IRC section 72(m)(7).

D. Substantially Equal Payments: It is your responsibility to determine the annual amount and that it qualifies under IRC Section 72(t)(2)(A)(iv). In order to have the distribution reported as an exception to the IRS, you must attach a completed Certification of Substantially Equal Periodic Payments and Hold Harmless Statement to this form. If this certification is not provided, but the Substantially Equal Payment option is checked, your payment will be reported based on your age.

E. IRA Direct Rollover to a Non-IRA Qualified Plan: For information please consult your tax advisor, the IRS or IRS Publication 590.

F. Qualified/Non-Qualified distribution from Roth IRA: If you have questions regarding which choice is appropriate for your particular situation, please consult your tax advisor, the IRS or IRS Publication 590. If your reason for distribution is Substantially Equal Payments, you must attach a completed Certification of Substantially Equal Periodic Payments and Hold Harmless Statement to this form. If this certification is not provided, your payment will be reported as a Non-Qualified Distribution from a Roth IRA: younger than 59 ½, no exception applies.

G. Direct Distribution to a Qualifying Charity: Account owner must be older than 70 ½. For more information regarding limits, charity requirements, etc., please consult your tax advisor, the IRS or IRS Publication 590. A qualifying direct to a charity is eligible toward Required Minimum Distributions (RMDs). If the amount of the qualifying charity distribution is less than your RMD, you may be required to withdraw additional funds to satisfy your RMD. This option is not available for SIMPLE IRAs, Active SEPs, or Company Plans.

3. Required Minimum Distribution (RMD) Options

The RMD is calculated based on your age, using Table III from IRS Publication 590-B, known as the Uniform Lifetime Table, unless the designated beneficiary of your IRA is your spouse who is more than 10 years younger than you or your designated beneficiary is a Qualifying Trust under IRC 1.401(a)(9), your spouse is the sole beneficiary of this Trust,

and your spouse is more than 10 years younger. If these conditions apply, Table II (Joint Life and Last Survivor Expectancy) is used. If you would like us to calculate your RMD amount before submitting this form, please contact our Client Services Department. It remains your responsibility to ensure you have taken your full RMD amount. If you are over 70½ years of age all distributions will apply toward the RMD unless you direct us to apply them to a prior year's RMD. RMDs are not taken for Roth IRAs during the owner's lifetime.

4. Payment Options

If you are requesting a total distribution, all scheduled distribution payments previously established will be stopped upon receipt of your request.

Partial distribution/transfer requests must leave a minimum cash and/or liquid asset balance in the account. Your distribution amount will be adjusted for any applicable minimum balance requirement.

For Scheduled Distribution Payments

You may choose to receive a regular distribution of all cash in your account, or a specific dollar amount. PENSICO will attempt to meet your requested amount for ten (10) business days. If applicable, fees will apply to each payment.

For any scheduled distribution payment, it is your responsibility to ensure that sufficient cash is available to make each payment when due. Your requested distribution schedule will continue until you notify PENSICO to stop.

5. Tax Withholding: Notice of Withholding on Distributions or Withdrawals from IRAs

The distribution you have requested from your retirement plan is subject to Federal income tax withholding, unless you elect not to have withholding apply. If you elect not to have withholding apply to your distribution payments, or if you do not have enough Federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur tax penalties, under the estimated tax rules, if your withholding and estimated tax payments are not sufficient.

FEDERAL TAX WITHHOLDING

Even if you elect "NOT" to have withholding, federal income tax must be withheld from this distribution if you have not provided a U.S. residence/street address (not a P.O. Box), or if payment is being sent to an address outside the U.S. If you elect withholding, the IRS requires a minimum of 10% of the gross distribution be withheld. If you are considered a Non-Resident Alien (NRA) for tax purposes, you must complete a W-8BEN form to determine the percentage of your distribution amount to be withheld.

A withholding election is not required for a direct rollover request or a transfer to an inherited/spousal IRA.

STATE TAX WITHHOLDING

Some states require state withholding if federal withholding is elected or required when making a distribution from your retirement plan. Please refer to the attached IRA State Withholding notice to determine if your state of residence requires withholding, if withholding is voluntary, or if withholding is not an option. If you elect state withholding, or if state withholding is required in your state, we will withhold based on the requirements of your state of residence unless you choose a greater amount.

6. Asset Instructions

In the applicable section, please indicate the number of shares or dollar amount, and the name of the asset. If you are authorizing a systematic withdrawal, check the appropriate box (it must be for cash only). We will request the liquidation to coincide with the payment frequency to begin 30 days prior to scheduled date, if possible. For partial or total distributions, liquidations will be initiated immediately.

TRADITIONAL ASSETS

It is your responsibility to contact your Financial Representative to request liquidation of any publicly traded or broker-held assets (such as stocks, bonds, etc.).

ALTERNATIVE ASSETS

It is your responsibility to arrange the terms of the sale of any alternative asset(s) (such as limited partnerships, private stock, deeds of trust, etc.). The sale of an alternative asset(s) may require the completion of a PENSICO [Secondary Market Investment Authorization](#) form. Please contact your Financial Representative or PENSICO's Client Services department if you have questions about how to liquidate or sell an asset. Please ensure these assets are liquidated prior to the submission of your distribution request.

ASSET REREGISTRATIONS

If you have elected to reregister assets to your personal account, please include a copy of your personal account statement. Failure to provide the requested information will delay the distribution request.

To send your distribution amount to a mutual fund account that has not yet been established: (a) Complete a mutual fund application to open an account in your name; (b) Return the mutual fund application with your completed [IRA Distribution Request](#) form and PENSICO will send the distribution amount and the mutual fund application to the asset sponsor.

7. Payment Delivery

For cash payments, choose a payment method and complete the requested information. If no selection is made, we will send a check via first class mail to your mailing address.

Pursuant to Article IV of the Custodial Account Agreement, an account owner shall not assign nor alienate any benefit provided under the plan and therefore, all distributions must be made payable to the account owner or an account for the benefit of the account owner.

Distributions made payable to an account owner in the name of a trust for benefit of the account owner will be reported to the IRS as a distribution to the account owner using the account owner's social security number.

If you have selected ACH or wire, you must attach a pre-printed voided check/deposit slip to the [IRA Distribution Request](#) form. If not attached, PENSICO will send you a check via first class mail to your mailing address.

Terms & Conditions of ACH Authorization

By electing an ACH Transfer, your signature will constitute an acknowledgment that you have read and agree to the following:

I hereby authorize PENSICO to effect payment for my distribution by initiating credit entries to my account indicated at the financial institution named. I request such financial institution to accept any credit entries initiated by PENSICO to such account and to credit the same account without responsibility for the correctness thereof. I understand that such amounts will be debited as distributions from my retirement plan.

I recognize that after distribution from my retirement plan for deposit to be made to such account can take up to three (3) banking days.

I understand that this authorization may be terminated (at no charge from PENSICO) by me at any time by sending written notification to both my financial institution and to PENSICO. I may direct PENSICO not to credit my financial institution account, provided that such authorization is in writing and is received by PENSICO not less than ten (10) calendar days prior to the initiation of the credit entry.

I agree to hold PENSICO harmless from any consequences of acting in accordance with this authorization. I understand that PENSICO is not liable for the failure of a credit entry to be accepted by my financial institution.

8. Direct Rollover

This section must be completed in its entirety in order to request a direct rollover to a non-IRA qualified plan. PENSICO requires acceptance from the receiving firm in order to proceed.

9. Fees

All applicable fees will be deducted from available cash prior to sending payment to you. If there is insufficient cash to cover the fees as well as the requested distribution amount, the fees will be deducted from the available cash and the difference will be distributed to you. It is your responsibility to provide PENSICO with asset instructions if cash is not sufficient to cover the distribution and/or applicable fees.

Please refer to [pensco.com](#) or call our Client Services Department for fee information.

10. 12-Month Rules

Beginning in 2015, you can make only one rollover from an IRA to another (or the same) IRA in any 12-month period, regardless of the number of IRAs you own. The limit will apply by aggregating all of individual's IRAs, including SEP and SIMPLE IRAs, as well as Traditional and Roth IRAs, effectively treating them as one IRA for purposes of the limit.

11. Signature

Sign and date the form (Page 5) to acknowledge all provisions on the [IRA Distribution Request](#) form and, the Terms and Conditions of ACH Authorization, if applicable. A Medallion Signature Guarantee is required when you are establishing and changing bank information, a check is being sent to an address other than the address of record, and the address of record has been changed in the past 30 days. If the form is not signed, it will be returned to you for completion.

Please send the completed form to PENSICO following the instructions on Page 5. Retain a copy of the completed form for your records.

PENSICO Trust Company performs the duties of an independent custodian of assets for self-directed individual and business retirement accounts and does not provide investment advice, sell investments or offer any tax or legal advice. Clients or potential clients are advised to perform their own due diligence in choosing any investment opportunity as well as selecting any professional to assist them with an investment opportunity. Alternative investments are not FDIC insured and are subject to risk, including loss of principal.

INVESTMENT PRODUCTS: NOT FDIC INSURED • NO BANK GUARANTEE • MAY LOSE VALUE

Upload forms to:
www.pensco.com/upload

Fax to: 303-614-7038

Send mail to:
PENSICO
P.O. Box 173859
Denver, CO 80217-3859

For express deliveries:
PENSICO
1560 Broadway, Suite 400
Denver, CO 80202-3331

Questions?
Call 800-962-4238
clients@pensco.com

IRA State Tax Withholding Notice

Some states require state withholding if federal withholding is elected or required when making a distribution from your retirement plan. Please refer to the chart to determine if your state of residence requires withholding, if withholding is voluntary or if withholding is not an option. If you elect state withholding, or if state withholding is required in your state, we will withhold based on the requirements of your state of residence unless you choose a greater amount.

While PENSCO makes every effort to obtain information about state tax withholding laws, we do not guarantee the accuracy or the timeliness of state tax withholding information we provide, because state tax laws are subject to constant change and interpretation. The information we provide is not intended to serve as tax or legal advice, and we strongly recommend that you contact your tax advisor regarding your tax withholding elections and to obtain the most current information about your state's withholding laws.

WITHHOLDING REQUIREMENT	STATE OF RESIDENCE
Required at 2.7% when federal tax is withheld	VT
Required at 5% when federal tax is withheld	NE, ME
Required at 5.3% when federal tax is withheld	MA
When federal tax is withheld, state tax will be withheld at 4%, unless client elects out-of-state withholding	NC, VA
When federal tax is withheld, state tax will be withheld at 5%, unless client elects out-of-state withholding	DE, IA, KS, OK
When federal tax is withheld, state tax will be withheld at 7.75%, unless client elects out-of-state withholding	MD
When federal tax is withheld, state tax will be withheld at 8%, unless client elects out-of-state withholding	OR
When federal tax is withheld, state tax will be withheld at 10% of federal withholding amount, unless client elects out-of-state withholding	CA
When federal tax is withheld, state tax will be withheld at 6%, unless client elects out-of-state withholding or elects a lower amount	GA
Voluntary withholding (Some states have guidelines that must be followed, see below)	AL, AR, AZ, CO, CT, DC, ID, IL, IN, KY, LA, MI, MN, MO, MS, MT, ND, NJ, NM, NY, OH, PA, RI, SC, UT, WI, WV
State tax withholding is not an option (PENSCO will not withhold state income tax even if you request it)	AK, FL, HI, NH, NV, SD, TN, TX, WA, WY

GUIDANCE FOR VOLUNTARY WITHHOLDING

AL: Maximum of 5%

AR: Minimum of 3%

CT: Must be in whole dollars, with a minimum of 5%

DC: Must be 8.95% if a total distribution

IL: Minimum of 3%

IN: Minimum of \$10

KY: Minimum of 2%

MI: Minimum of 4.25%

MO: Must be in whole dollars

MT: Minimum of 6%

ND: Minimum of 4%

NJ: Must be in whole dollars only, with a minimum of \$10

OH: Minimum of 3.5%

RI: Minimum of 7%

SC: Minimum of 7%

WV: Minimum of 4%

No Guidance: AZ, CO, ID, LA, MN, MS, NM, NY, PA, UT, WI

(California state withholding is calculated as a percentage of the federal withholding amount. All other state withholding will be calculated as a percentage of the gross distribution amount.)